



## Designated Doctor Certification Training Prerecorded Video Presentations Attestation

Use this form to attest that you have viewed the training prerecorded video presentations for designated doctor (DD) certification required by Texas Administrative Code Section [127.100](#).

Please **complete and return within three days** of viewing all the presentations by email to [opc@tdi.texas.gov](mailto:opc@tdi.texas.gov) or fax to 512-490-1040.

I, \_\_\_\_\_, attest that I have viewed the  
*(print name)*  
prerecorded video presentations for DD certification as required by Texas Administrative Code Section [127.100](#). I viewed all the videos listed below in their entirety.

Presentation	Date Viewed
Texas Workers' Compensation DD Process Overview	
Extent of Injury	
Return to Work and MDGuidelines	
Maximum Medical Improvement and Official Disability Guidelines	

I understand and agree that any material misstatement or omission may result in the delay, denial, revocation, or immediate suspension or termination of my certification.

\_\_\_\_\_  
Signature License Number Date